

## **Annex A**

### **STUDENT INFORMATION SHEET**

Dear student,

We seek your help to have this short survey completed. We are inviting secondary 3 students in Singapore to answer questions about **peanut, nut and seafood allergies**, with the approval of the Ministry of Education. **The information you provide will be treated confidentially.** It will help medical authorities understand allergic diseases better and formulate management strategies for our Singapore schoolchildren. Hence, your participation will be greatly appreciated. Simply return the completed form to the teacher in-charge.

Thank you very much for your kind co-operation.

Yours sincerely,

Dr Lynette Shek  
Department of Paediatrics  
National University of Singapore

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### **STUDENT'S PARTICULARS**

**Race:** Chinese/Malay/Indian/Others: \_\_\_\_\_ **Sex:** M / F

**Date of birth:** \_\_\_\_\_ (dd/mm/yy)

**School:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Nationality:** ☐ Singapore ☐ Others, please specify: \_\_\_\_\_

**Type of Housing:** ☐ HDB flat ☐ Private Apartments ☐ Landed

#### **Were you born in Singapore?**

☐ No. Please state the country where you were born: \_\_\_\_\_  
And the number of years you have been living in Singapore: \_\_\_\_\_

☐ Yes. Have you spent more than 1 year in another country? ☐ Yes ☐ No ☐ Not Sure

If yes, how were you when you spent the 1 year outside of Singapore?

☐ < 2 years old ☐ 2 to 5 years old ☐ ≥ 5 years old

Please state the country and the period that you were there: \_\_\_\_\_

### **SURVEY QUESTIONS**

1. Has your doctor ever told you that you have any of the following?

- Asthma Yes ☐ No ☐ Don't know ☐
- Allergic rhinitis or Sensitive nose or Hay fever Yes ☐ No ☐ Don't know ☐
- Anaphylaxis Yes ☐ No ☐ Don't know ☐  
(very severe allergic reaction in which the throat swells up and  
closes the airway, or the child may lose consciousness)
- Eczema/ Atopic dermatitis Yes ☐ No ☐ Don't know ☐
- Hives/Urticaria Yes ☐ No ☐ Don't know ☐

2. Have you ever had peanut allergy?

☐ Yes ☐ No ☐ Never eaten ☐ Not sure, please explain\_\_\_\_\_

3. Have you ever had allergy to nuts other than peanuts?

☐ Yes ☐ No ☐ Never eaten ☐ Not sure, please explain\_\_\_\_\_

4. Have you ever had allergy to fish?

☐ Yes ☐ No ☐ Never eaten ☐ Not sure, please explain\_\_\_\_\_

5. Have you ever had allergy to shellfish (e.g. prawn, crab, lobster, squid, scallops, clams, oysters, mussels, crayfish)?

☐ Yes ☐ No ☐ Never eaten ☐ Not sure, please explain\_\_\_\_\_

6. Other Food Allergy,

☐ Yes please specify type of food:\_\_\_\_\_

☐ No ☐ Don't know

Thank you for taking the time to complete this questionnaire.  
The information you have provided is confidential